Exhibit C
Form of Invoice

Fantasy Factory

INVOICE

1200 Third Street Suite 1550
San Diego, California 92101

ORDER #		INVOICE #	
DATE		DATE	

P.O. NUMBER	TERMS	SHIP DATE				

QTY'D	SHIP	ITEM #	DESCRIPTION	T	PRICE	AMOUNT

MyProductInvoices 9/98 80207 CALL MYSOFTWARE TO REORDER 1-800-326-0000 J084

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